MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/920580**

FILING DATE

APPLICANT(S)

(705) 305-8421

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4				1			54						
5				1			55						
6	1		1				56						
7	1			1			57						
8		2		1			58						
9				1			59						
10				1			60						
11	1			1			61						
12		1		1			62						
13		2		1			63						
14		1		1			64						
15		1		1			65						
16	1		1				66						
17	1			1			67						
18	1			1			68						
19	1						69						
20	1			1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1					74						
25		1					75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9		5				TOTAL IND.						
TOTAL DEP.	19		18				TOTAL DEP.						
TOTAL CLAIMS	28		23				TOTAL CLAIMS						

PTO - 1360 (REV. 11-00)

U.S. DEPARTMENT of COMMERCE